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**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** Conversion/Exchange Application  
**Project Name/Number:** /

## Filing at a Glance

Company: Horace Mann Life Insurance Company  
Product Name: Conversion/Exchange Application  
State: Arkansas  
TOI: L07I Individual Life - Whole  
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 12/10/2012  
SERFF Tr Num: HRCN-128792054  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: IL-L25400  
  
Implementation: On Approval  
Date Requested:  
Author(s): Rita Rowe  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 12/13/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** Conversion/Exchange Application  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 12/13/2012  
State Status Changed: 12/13/2012  
Deemer Date: Created By: Rita Rowe  
Submitted By: Rita Rowe Corresponding Filing Tracking Number:

Filing Description:  
Horace Mann Life Insurance Company  
NAIC #300-64513  
FEIN #37-0726637

IL-L25400 Life Application

Included in this submission is the above listed application for your consideration and approval. This is a new form and does not replace any form previously approved by your state insurance department.

This application will be used with previously approved individual life products for conversions and exchanges whereby the coverage is guaranteed issued.

This form has been completed in "John Doe" fashion with variable items enclosed in brackets. We have included a statement of variability for all variable items.

The paper and electronic versions of this form will be identical. The electronic version will appear as a fillable PDF on the computer screen. We will also be using electronic signature capabilities. If the applicant chooses to decline the use of the electronic signature process, the electronic signature agreement section will not print, the application will be printed and a wet signature will be obtained.

## Company and Contact

### Filing Contact Information

Rita Rowe, Sr. Product Development & Compliance Coordinator rower1@horacemann.com  
1 Horace Mann Plaza 217-788-5703 [Phone]  
Springfield, IL 62715-0001 217-535-7197 [FAX]

### Filing Company Information

Horace Mann Life Insurance Company	CoCode: 64513	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code: 300	Company Type: Life,
Springfield, IL 62715-0001	Group Name:	Accident/Health, Annuity,
(217) 789-2500 ext. [Phone]	FEIN Number: 37-0726637	Credit
		State ID Number:

**State:** Arkansas **Filing Company:** Horace Mann Life Insurance Company  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 50 X 1 = 50  
Per Company: No

Company	Amount	Date Processed	Transaction #
Horace Mann Life Insurance Company	\$50.00	12/10/2012	65609709

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Horace Mann Life Insurance Company
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
<b>Product Name:</b>	Conversion/Exchange Application		
<b>Project Name/Number:</b>	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/13/2012	12/13/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Agent/Producer report	Rita Rowe	12/12/2012	12/12/2012

State:	Arkansas	Filing Company:	Horace Mann Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Conversion/Exchange Application		
Project Name/Number:	/		

## Disposition

Disposition Date: 12/13/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of variability		Yes
Supporting Document (revised)	Agent/Producer report		Yes
Supporting Document	Agent/Producer report		Yes
Form	Application for individual life insurance		Yes

State:	Arkansas	Filing Company:	Horace Mann Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Conversion/Exchange Application		
Project Name/Number:	/		

## Amendment Letter

Submitted Date: 12/12/2012

Comments:

Our Marketing staff has asked that we include a place for School District Code on our Agent/Producer report. Therefore, I have attached a revised Agent/Producer report.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Agent/Producer report
Comments:	
Attachment(s):	
IL-L38800 Agent-Producer report speed 12-12-12.pdf	
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Agent/Producer report</i>
<i>Comments:</i>	
<i>Attachment(s):</i>	
<i>ICC12-388 Agent-Producer report speed 11-19-12.pdf</i>	

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Horace Mann Life Insurance Company
<b>TOI/Sub-TOI:</b>	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
<b>Product Name:</b>	Conversion/Exchange Application		
<b>Project Name/Number:</b>	/		

## Form Schedule

Lead Form Number: IL-L25400								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application for individual life insurance	IL-L25400	AEF	Initial		50.015	IL-L25400 Speed App 12-03-12 John Doe.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

## Horace Mann Life Insurance Company

[A Stock Company  
1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030]

### Application for individual life insurance

- ☐ Individual (or) ☒ Joint (first to die)
- ☐ Restructure of policy # \_\_\_\_\_
- ☐ Exchange of policy # \_\_\_\_\_
- ☐ Exchange of rider on policy # \_\_\_\_\_
- ☐ Conversion of policy # \_\_\_\_\_
- ☐ Conversion of rider on policy # \_\_\_\_\_

### [Coverage selection

#### 1. Nonparticipating life insurance rate applied for

#### 2. Product information

##### Life by Design (Guaranteed premium)

##### Whole Life to Age 120 Face amount

- ☒ Premiums payable to age 120 \$ 150,000
- ☐ Single Premium \$ \_\_\_\_\_

##### Level Term to Age 95

- ☐ 10-Year Specified Period \$ \_\_\_\_\_
- ☐ 20-Year Specified Period \$ \_\_\_\_\_
- ☐ 30-Year Specified Period \$ \_\_\_\_\_
- ☐ To Age 65 Specified Period \$ \_\_\_\_\_
- ☐ 20-Year Cash Value Term \$ \_\_\_\_\_
- ☐ 30-Year Cash Value Term \$ \_\_\_\_\_

#### Proposed Insured 1 Name (Last, First, Middle Initial)

Last Doe | First John | MI

Birth date (MM/DD/YYYY) 05/01/1976

Gender ☒ Male ☐ Female

#### Proposed Insured 2 Name (Last, First, Middle Initial)

Last Doe | First Mary | MI

Birth date (MM/DD/YYYY) 01/01/1976

Gender ☐ Male ☒ Female

- ☒ Nontobacco ☐ Tobacco usage ☐ Save age

##### Life Select (Guaranteed premium)

##### Whole Life to Age 120 Face amount

- ☐ Premiums payable to age 120 \$ \_\_\_\_\_
- ☐ Premiums payable for 20 years \$ \_\_\_\_\_
- ☐ Premiums payable to age 65 \$ \_\_\_\_\_

##### Primary Insured Level Term to Age 95 Riders

- ☐ 20-Year Specified Period \$ \_\_\_\_\_
- ☐ 30-Year Specified Period \$ \_\_\_\_\_
- ☐ To Age 65 Specified Period \$ \_\_\_\_\_

##### Additional Insured Level Term to Age 95 Riders

Rate applied for:

- ☐ Nontobacco ☐ Tobacco usage ☐ Save age
- ☐ 20-Year Specified Period \$ \_\_\_\_\_
- ☐ 30-Year Specified Period \$ \_\_\_\_\_
- ☐ To Age 65 Specified Period \$ \_\_\_\_\_

#### Experience Life (Flexible Premium – Adjustable/Combination Life with Indeterminate Premiums)

##### No longer sold – existing policy restructure only

##### Face amount

- ☐ Whole Life to Age 100 \$ \_\_\_\_\_
- ☐ Level Term to Age 100 \$ \_\_\_\_\_
- ☐ Decreasing Term to Age 100 \$ \_\_\_\_\_
- ☐ Paid-up Whole Life to Age 100 \$ \_\_\_\_\_
- ☐ Lump sum premium ☐ Prescheduled premium
- Premium amount \$ \_\_\_\_\_

##### Face amount

- ☐ Named Insured Rider \$ \_\_\_\_\_
- ☐ Level Term (or) ☐ Decreasing Term
- Name \_\_\_\_\_
- ☐ Additional Insured Rider \$ \_\_\_\_\_
- ☐ Level Term (or) ☐ Decreasing Term
- ☐ Smoker (or) ☐ Non-smoker

### 3. Riders and benefits (Please note, not all riders and benefits are available for all products. Additionally, riders and benefits will only be available on your new policy if: (a) you meet the issue age requirements; and (b) the rider or benefit was on your existing policy.)

- |  |   |
|--|---|
| <p><input checked="" type="checkbox"/> Waiver of Premium</p> <p><input type="checkbox"/> Waiver of Premium in the Event of the Payor's Death or Total Disability</p> | <p><input type="checkbox"/> Accidental Death Benefit \$ _____</p> <p><input type="checkbox"/> Children's Term Insurance \$ _____</p> <p><input type="checkbox"/> Guaranteed Insurability Benefit \$ _____</p> |
|--|---|



## Proposed Insured 1 personal information

Name (Last, First, Middle Initial)

Last Doe First John MI  
Address (Include mailing and street address)  
123 Main Street

City Anytown STUS ZIP12345

Telephone # 222-222-2222

Best time to call After 6 pm

E-mail address john.doe@gmail.com

Gender ☒ Male ☐ Female

Birth date (MM/DD/YYYY) 05/01/1976

Country of birth United States

State of birth Illinois

Are you a citizen of the US? ☒ Yes ☐ No

If no, what country?

Marital Status ☒ Married ☐ Single

☐ Separated ☐ Divorced

Social Security # 111-11-1111

Driver's license # 456789 State US

**Beneficiary information** (subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1. ☒ Primary **(or)** ☐ Contingent

☐ If Trust, name of Trust

☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last Doe First Mary MI

Address 123 Main Street

City Anytown STUS ZIP12345

Business name

Relationship Spouse

Birth date/Trust date 01/01/1976

Social Security #/TIN # 777-77-7777

Benefit Percentage 100%

2. ☐ Primary **(or)** ☐ Contingent

☐ If Trust, name of Trust

☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last First MI

Address

City ST ZIP

Business name

Relationship

Birth date/Trust date

Social Security #/TIN #

Benefit Percentage

3. ☐ Primary **(or)** ☐ Contingent

☐ If Trust, name of Trust

☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last First MI

Address

City ST ZIP

Business name

Relationship

Birth date/Trust date

Social Security #/TIN #

Benefit Percentage

4. ☐ Primary **(or)** ☐ Contingent

☐ If Trust, name of Trust

☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last First MI

Address

City ST ZIP

Business name

Relationship

Birth date/Trust date

Social Security #/TIN #

Benefit Percentage

5. ☐ Primary **(or)** ☐ Contingent

Surviving children born of the marriage of and/or legally adopted by Proposed Insured 1 and spouse of Proposed Insured 1, \_\_\_\_\_, equally.

Last First MI

Last First MI

Last First MI

Last First MI

Benefit Percentage

**Proposed Owner(s)** (Unless otherwise specified below, the owner is Proposed Insured 1 for an individual policy or Proposed Insureds 1 and 2 for a joint policy. If someone other than the Proposed Insured(s) is/are to be the owner, name the Proposed Owner(s) below.)

☐ If Trust, name of Trust \_\_\_\_\_

1. Name/Trustee name

Last First MI

Address

City

ST

ZIP

Business name \_\_\_\_\_

Telephone # \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Marital Status ☐ Married ☐ Single  
☐ Separated ☐ Divorced

Social Security #/TIN# \_\_\_\_\_

Citizenship \_\_\_\_\_

2. Name/Trustee name

Last First MI

Address

City

ST

ZIP

Business name \_\_\_\_\_

Telephone # \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date/Trust date \_\_\_\_\_

Marital Status ☐ Married ☐ Single  
☐ Separated ☐ Divorced

Social Security #/TIN # \_\_\_\_\_

Citizenship \_\_\_\_\_

**Payor** (If someone other than the Proposed Owner(s) is primarily responsible for making the premium payments, name the payor below.)

Name

Last First MI

Address

City

ST

ZIP

Business name \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date (MM/DD/YYYY) \_\_\_\_\_

Social Security # \_\_\_\_\_

Telephone # \_\_\_\_\_

Best time to call \_\_\_\_\_

E-mail address \_\_\_\_\_

## Payment information

### [Single Premium

☐ Single Premium \$ \_\_\_\_\_

☐ Check **(or)** ☐ Payment on delivery

### Initial Premium

☒ Check

☐ E-Pay (ACH, Credit, Debit)

☐ List Bill

☐ Payment on delivery

### Recurring Premium

☒ EFT/Easy Pay (Complete the appropriate form.)

☐ Direct Bill (choose one)

☐ Annually ☐ Semiannually ☐ Quarterly

☐ List Bill

Group # \_\_\_\_\_

Mode \_\_\_\_\_

Is an employer paying any part of the premium for this insurance? ☐ Yes ☒ No

Employer name \_\_\_\_\_

Address \_\_\_\_\_

Automatic premium loan? ☒ Yes ☐ No]

## [Proposed Insured 2 personal information

Name (Last, First, Middle Initial)

Last Doe First Mary MI

Address (Include mailing and street address)

123 Main Street

City Anytown ST US ZIP 12345

Telephone # 222-222-2222

Best time to call After 6 pm

E-mail address jane.doe@gmail.com

Gender ☐ Male ☒ Female

Birth date (MM/DD/YYYY) 01/01/1976

Country of birth United States

State of birth Illinois

Are you a citizen of the US? ☒ Yes ☐ No

If no, what country?

Marital Status ☒ Married ☐ Single

☐ Separated ☐ Divorced

Social Security # 777-77-7777

Driver's license # 55555 State US

**Beneficiary information** (subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1. ☒ Primary **(or)** ☐ Contingent  
☐ If Trust, name of Trust  
☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last Doe First John MI

Address 123 Main Street

City Anytown ST US ZIP 12345

Business name

Relationship Spouse

Birth date/Trust date 05/01/1976

Social Security #/TIN # 111-11-1111

Benefit Percentage 100%

2. ☐ Primary **(or)** ☐ Contingent  
☐ If Trust, name of Trust  
☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last First MI

Address

City ST ZIP

Business name

Relationship

Birth date/Trust date

Social Security #/TIN #

Benefit Percentage

3. ☐ Primary **(or)** ☐ Contingent  
☐ If Trust, name of Trust  
☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last First MI

Address

City ST ZIP

Business name

Relationship

Birth date/Trust date

Social Security #/TIN #

Benefit Percentage

4. ☐ Primary **(or)** ☐ Contingent  
☐ If Trust, name of Trust  
☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last First MI

Address

City ST ZIP

Business name

Relationship

Birth date/Trust date

Social Security #/TIN #

Benefit Percentage

5. ☐ Primary **(or)** ☐ Contingent  
Surviving children born of the marriage of and/or legally adopted by Proposed Insured 2 and spouse of Proposed Insured 2, \_\_\_\_\_, equally.

Last First MI

Last First MI

Last First MI

Last First MI

Benefit Percentage

## Fraud notice

[Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.]

## Agreement and acknowledgment

Each of the undersigned declares and acknowledges that:

1. My application for life insurance consists of: (a) the application for life insurance; and (b) any amendments to the application attached thereto.
2. Horace Mann Life Insurance Company (the "Company") will have no liability under this application or any policy issued as a result of this application unless and until: (a) the application has been received and approved by the Company at its home office; and (b) the first premium has been paid to and accepted by the Company.
3. No agent/producer, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements.
4. The Company may make corrections, additions or changes to my application. Any such changes will be shown in an amendment to application. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), product, amount, or benefits unless agreed to in writing by the Proposed Insured(s) (and Proposed Owner(s) if different from the Proposed Insured(s)).
5. I have read, or have had read to me, the completed application for life insurance before signing below. All statements and answers in the application for life insurance are correctly recorded, and are full, complete and true to the best of my knowledge and belief. I understand that any material misrepresentation contained herein or in any other document which is a part of my application for life insurance may be used to reduce or deny a claim and/or contest the policy within the contestable period.

## [Electronic signature agreement

I understand that my life application and all related documents required as part of the application process will be completed with an agent/producer of Horace Mann Life Insurance Company.

This information will be used to create a paper application which will be inserted into my life policy. All electronic documents maintained by the Company are the sole original versions of the documents. The Company maintains physical, electronic and procedural safeguards to protect all nonpublic personal information from unauthorized use or improper access.

I understand that I may sign the application and related forms using an electronic signature process. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

I also understand that I am not required to use the electronic signature process.

☒ I agree to the use of electronic signatures which will constitute legally binding signatures. ]

**Signatory section**

Signed at Anytown, US (city/state) on 12-03-2012 (date) which is the same date the application was written and signature(s) received. If applicable, the required premium deposit of \$ 250.00 has been collected.

\_\_\_\_\_  
Signature of Proposed Insured 1 (Age 15 and over)

\_\_\_\_\_  
Signature of Proposed Insured 2 (Age 15 and over)

\_\_\_\_\_  
Signature of parent (Required if Proposed Insured is under age 18)

\_\_\_\_\_  
Signature of spouse (Required in community property states if spouse is not a Proposed Insured or Proposed Owner)

\_\_\_\_\_  
Signature of Proposed Owner (1) (Give title if signed on behalf of a business)

\_\_\_\_\_  
Signature of Proposed Owner (2) (Give title if signed on behalf of a business)

**To be completed by agent/producer only**

\_\_\_\_\_  
Printed name and number of Agent/Producer (1)

\_\_\_\_\_  
Printed name and number of Agent/Producer (2)

\_\_\_\_\_  
Signature of Agent/Producer (1)

\_\_\_\_\_  
Signature of Agent/Producer (2)

\_\_\_\_\_  
License # (if applicable)

\_\_\_\_\_  
Percentage

\_\_\_\_\_  
License # (if applicable)

\_\_\_\_\_  
Percentage

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Horace Mann Life Insurance Company
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<b>Product Name:</b>	Conversion/Exchange Application		
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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of variability		
Comments:			
Attachment(s):			
APPSOVNC Non-compact Statement of variability 12-10-2012.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Agent/Producer report		
Comments:			
Attachment(s):			
IL-L38800 Agent-Producer report speed 12-12-12.pdf			

CERTIFICATION FOR FLESCH READABILITY TEST SCORE

A. Option Selected

- ☒ 1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is 50.015.
- ☐ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>
-------------	--------------------

B. Test option selected

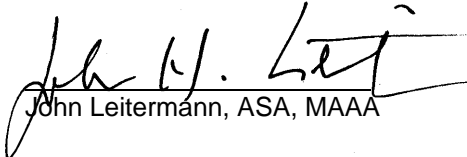
- ☒ 1. Test was applied to entire policy form(s).
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

- ☒ 1. The policy text achieves a higher than the minimum score as required by state regulations on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

This certification must be signed by an officer of the insurer.

  
John Leitermann, ASA, MAAA

Vice President  
Officer's Title

**HORACE MANN LIFE INSURANCE COMPANY  
1 HORACE MANN PLAZA  
SPRINGFIELD, ILLINOIS 62715**

**Statement of Variability  
Application**

The following fields are identified as variable text. We would like the ability to modify these fields when changes are required.

**Form ICC12-254**

**Company information**

The company's address and phone number are variable to allow for updating as needed.

**Coverage selection**

Our product section is variable to allow us the flexibility to add or remove products as needed.

**Payment information**

Our payment information section is variable to allow us to add or remove any payment options as needed.

**Page 3A**

If there is no coverage being requested for Proposed Insured 2, this page will not print in the electronic version. For the paper version, the agent will discard this page as needed.

**Fraud Notice**

The fraud notice is variable to accommodate alternate state fraud notices when required. If necessary, we will incorporate state regulation changes regarding fraud notice text in this section.

**Electronic signature agreement**

Our electronic signature agreement is variable so that when this form is completed paper format, the entire electronic signature agreement section will be deleted.

**Scanning Code/Policy #**

The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.



## Agent/Producer report

[LNB/LFNB/Policy Number\_\_\_\_\_]

School District Code\_\_\_\_\_

1. Send policy to: ☐ Agent/Producer  
☐ Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)
2. Did you personally see each Proposed Insured and any child proposed for coverage on the date the application was taken? (If No, please explain in #8.) ☐ Yes ☐ No
3. Are you related to the Proposed Insured(s)? If Yes, relationship? \_\_\_\_\_ ☐ Yes ☐ No
4. How long have you known: **Proposed Insured 1?** \_\_\_\_\_  
**Proposed Insured 2?** \_\_\_\_\_
5. Indicate if Proposed Insured(s) are:

<b>Proposed Insured 1</b>	<b>Proposed Insured 2</b>
<input type="checkbox"/> Education employee	<input type="checkbox"/> Education employee
<input type="checkbox"/> Education employee household	<input type="checkbox"/> Education employee household
<input type="checkbox"/> Non-educator	<input type="checkbox"/> Non-educator
6. Rate applied for? ☐ Standard ☐ Preferred ☐ Preferred Plus
7. Please indicate the phone number and the best time for us to contact the Proposed Insured(s) and any child proposed for coverage. \_\_\_\_\_
8. Additional details and/or remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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### Agent/Producer Certification

I declare that I have accurately answered all questions contained in the Agent/Producer report in connection with this application.

Signature of Agent/Producer\_\_\_\_\_ Agent/Producer #\_\_\_\_\_ Date\_\_\_\_\_

State:	Arkansas	Filing Company:	Horace Mann Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life		
Product Name:	Conversion/Exchange Application		
Project Name/Number:	/		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/10/2012		Supporting Document	Agent/Producer report	12/12/2012	ICC12-388 Agent-Producer report speed 11-19-12.pdf (Superceded)

## Agent/Producer report

[LNB/LFNB/Policy Number\_\_\_\_\_]

1. Send policy to: ☐ Agent/Producer  
☐ Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)
2. Did you personally see each Proposed Insured and any child proposed for coverage on the date the application was taken? (If No, please explain in #8.) ☐ Yes ☐ No
3. Are you related to the Proposed Insured(s)? If Yes, relationship? \_\_\_\_\_ ☐ Yes ☐ No
4. How long have you known: **Proposed Insured 1?** \_\_\_\_\_  
**Proposed Insured 2?** \_\_\_\_\_
5. Indicate if Proposed Insured(s) are:  

	<b>Proposed Insured 1</b>	<b>Proposed Insured 2</b>
<input type="checkbox"/> Education employee	<input type="checkbox"/> Education employee	
<input type="checkbox"/> Education employee household	<input type="checkbox"/> Education employee household	
<input type="checkbox"/> Non-educator	<input type="checkbox"/> Non-educator	
6. Rate applied for? ☐ Standard ☐ Preferred ☐ Preferred Plus
7. Please indicate the phone number and the best time for us to contact the Proposed Insured(s) and any child proposed for coverage. \_\_\_\_\_
8. Additional details and/or remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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## Agent/Producer Certification

I declare that I have accurately answered all questions contained in the Agent/Producer report in connection with this application.

Signature of Agent/Producer \_\_\_\_\_ Agent/Producer # \_\_\_\_\_ Date \_\_\_\_\_